



HSE SYSTEM COMPETENCY EVALUATION AND STATISTICS

GENERAL INFORMATION

**MULTIMODAL GLOBAL LOGISTICS LIMITED
BAKU AZERBAIJAN**

HSE PERFORMANCE**1. Injury and Illness Data:****1.1. Employee hours worked for the last three years (excluding subcontractors)**

	YEAR		
	2013	2014	2015
MAN-HOURS	89,440	93,600	62,124

1.2. Provide the following data (excluding subcontractor) for the last three years

	YEAR		
	2013	2014	2015
	Case	Case	Case
Recordable Injury	0	0	0
Lost Time Accident	0	0	0
Total OSHA Recordable	0	0	0

Has Company received any regulatory (EPA, OSHA, etc.) citations in the last three years?

Yes

No

HSE MANAGEMENT**2. HSE Contact Person: Vahid Ibrahimov**

Title:
HSE Officer

Tel. Number:
994 12 490
84 91

E-Mail
vahid@mgl.az

3. Does Company provide:

- 3.1 Company paid health insurance Yes No
- 3.2 Paid sick leave Yes No
- 4.4 Company paid HSE training Yes No

HSE TRAINING

4. Craft Training

- 4.1 Have employees been trained in appropriate job skills? Yes No
- 4.2 Are there quantifiable training requirements (job specific) for new employees or experienced employees new to their position? Yes No
- 4.3 List crafts which have been trained:

Air and Ocean Freight TSA / Packing / Haz Mat Handling

5. HSE Orientation

- | | New Hires | | Supervisors | |
|--|---|-----------------------------|---|-----------------------------|
| 5.1 HSE Orientation Program for new hires and newly hired or promoted Supervisors? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 5.2 Does program provide instruction on the following: | New Hires | | Supervisors | |
| New Worker Orientation | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Safe Work Practices | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Safety Supervision | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Toolbox Meetings | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Job Safety Analysis (JSA) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Emergency Procedures | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| First Aid Procedures | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Incident Investigation | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Fire Protection and Prevention | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Safety Intervention | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Hazard Communication | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

6. HSE Training

- 6.1 Do Managers know the OSHA training requirement for employees? Yes No
- 6.2 Have employees received the required safety and health training And retraining? Yes No
- 6.3 Is there a specific HSE training program for supervisors? Yes No

7. Training Records

- 7.1 Does Company have HSE and craft training records for your employees? Yes No
- 7.2 How do you verify understanding of training? (Check all that apply)
- Written test Job monitoring
- Oral test Other (List) Annual certifications

HSE PROGRAMS & PROCEDURES

- | | | |
|--|---|--|
| 8. Does Company have a written HSE Program | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Does the program address the following key elements? | | |
| 9.1 Management commitment & expectations | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.2 Employee participation | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.3 Accountabilities & responsibilities for managers, supervisors, and Employees | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.4 Resources for meeting HSE requirements | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.7 Is the program known by all employees | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9. Does the program include work practices and procedures such as: | | |
| 9.1 Equipment Lockout and Tag out (LOTO) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.2 Work Permit System | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.3 Confined Space Entry | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.4 Excavation & Trenching | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 9.5 Personal Protective Equipment (PPE) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.6 Incident/Emergency Notification & Investigation | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.7 Scaffolds, Ladders, & Platforms | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.8 Crane Personal Lift Platform & Aerial Lift | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.9 Hazard Recognition & Control | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.10 Vehicle Safety | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.11 Portable Electrical/Power Tools | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.12 Welding Safety | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.13 Powered Industrial Equipment | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.14 Fall Protection | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.15 Job Safety Analysis (JSA) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.16 Warning Signs | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.17 Compressed Gas Cylinders | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.18 Unsafe action & condition reporting | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.19 Housekeeping | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9.20 Hot Tap Procedure | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 10.20 Waste Disposal | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

HSE PROGRAMS & PROCEDURES

11. Does Company have a substance abuse program? Yes No

12. Does Company require pre-employment drug testing

